

LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

Instructions

- Print in ink or type.
- Complete form and return to Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge LA 70809-7017, (225) 922-1400 or (800) 842-6630. No fee is required.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

FOR OFFICE USE ONLYPostmark Date: 11/26/04

TERM

10400431. NAME Laurent Ginger A.
Last First MI2. BUSINESS PHONE (225) 387-32823. BUSINESS ADDRESS 5555 Bankers Avenue Baton Rouge LA 70808
Street and No. City State ZipMAILING ADDRESS P. O. Box 2871 Baton Rouge LA 70821-2871
Street and No. City State Zip4. EMPLOYER Louisiana Bankers Association5. EMPLOYER'S ADDRESS 5555 Bankers Avenue Baton Rouge LA 70808
Street and No. City State Zip6. Have you ceased or terminated all lobbying activities requiring registration? Yes XX No

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name Louisiana Bankers AssociationAddress 5555 Bankers Avenue, Baton Rouge, LA 70808Business or purpose Trade Association for banks in Louisiana☐ New Representation
Does this person pay you? If No, who pays you? ☒ Terminated Representation as of December 31, 2003RECEIVED
28 PM 2:03LOBBYING
REGISTRATION
DIVISION

SUPPLEMENTAL REGISTRATION FORM



2. Name _____

Address _____

Business or purpose _____

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

3. Name _____

Address _____

Business or purpose _____

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

Ginger Laurent
Signature of Lobbyist